

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-873)

SERIAL NO.

09-037-712

FILING DATE

3-10-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						31						
2		/					32						
3		/		/			33						
4		/		/			34						
5		/		/		/	35						
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43							73						
44							74						
45							75						
46							76						
47							77						
48							78						
49							79						
50							80						
TOTAL IND.	1				1		81						
TOTAL DEP.	5				6		82						
TOTAL CLAIMS	6				7		83						
							84						
							85						
							86						
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							TOTAL CLAIMS						